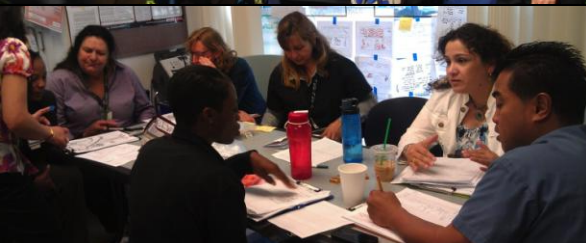


1. Pre-event data collection



2. Set multidisciplinary team



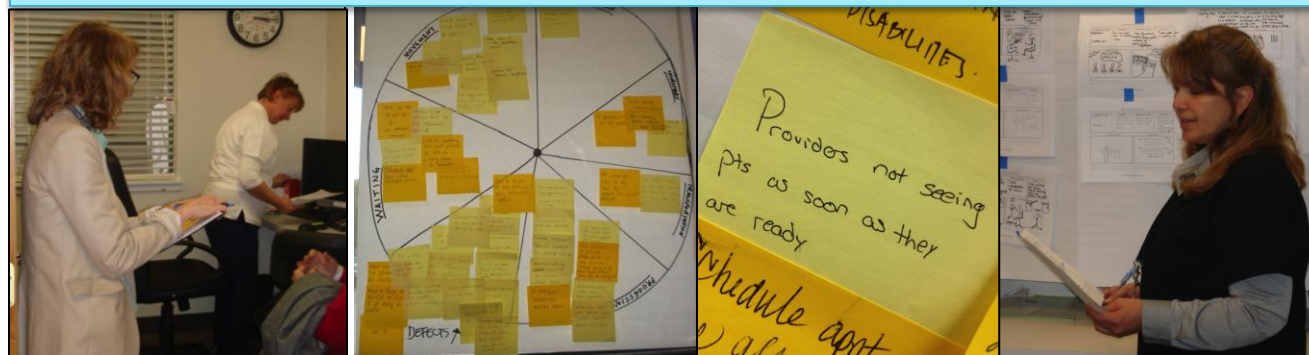
5. Report out and follow up



← Video is on iSite. More info on backside

Primary Care Rapid Improvement Event: Standardizing Intake March 25 - 29, 2013

3. Go see the work, identify 7 wastes & generate improvement ideas



4. Developing rapid tests of change and trialing standard work with staff and patients



Tests of rapid cycle improvement:

1. Pre-Clinic Huddle to Anticipate Patient Needs
2. Dot System to Signal Patient Status in Clinic Visit
3. Standard Work for Intake (Adults and Pediatrics)
4. Preventative Health Checklist (Patient Paddle)



After trials, team got feedback from 10 Concord providers

Rapid Improvement Event Team Postcard

Concord Health Center, March 25-29, 2013

“Standardizing Intake” was the first of seven smaller scoped events this year to improve Primary Care in the clinics. Intake was a highly varied process among staff members. Variation in a process can potentially lead to more errors, patients waiting, redundancy and lack of flow. A standard process reduces variation and helps facilitate clinic visit flow for patients.

In less than a week, a diverse and energetic team of frontline staff and a patient partner developed and tested standard work to improve the clinic visit intake process. They focused on clearer handoffs/signaling and shifting tasks from the provider visit to the intake process, like pending orders, to level out the workload and help clinics flow smoother.

Rapid Tests of Change the Team Tried:

- 1)Pre-Clinic Huddle:** Tested at least 10 trials with a provider, treatment and clinic nurse/CMA quickly looking at rosters together before clinic started to identify patient and preparation needs. Huddles averaged to 2-3 min and helped some clinics finish on time with less interruptions.
- 2)Dot-System:** There was high variability using cclink’s clinic roster “dot system” since there was no standard across clinics. Teams tested standardizing dot colors to improve signaling where the patient is in the visit to reduce unnecessary waiting. A red dot means RN/CMA is finished, green means patient is ready for provider, yellow means resident needs preceptor, blue means an order has been placed and the new black dot means patient is ready for discharge instructions.
- 3) Intake Standard Work (Adult & Pediatrics):** The team followed various staff (LVN, CMA, RN) to create standard processes for Adult & Peds intakes. They tested and refined it in over 10 trials.
- 4)Preventative Health Screening Checklist:** The team developed a preventative health screening checklist that would be done during intake to identify what tests or screenings are due and what has been done. By gathering information about routine health maintenance during intake, the team members are collaboratively working together to share the care of the patient.

Staff found the trials valuable at reducing interruptions, anticipating what providers & patients needed before the visit and helping clinics finish on time. In just a few days, intakes where medication lists were **not** done completely with confirmation, frequency and dose went from a 59% to 0% rate with standard work in place. Within 30 days, CHC leadership will train staff and refine the standard work until it’s ready to expand to all clinics.

The second Primary Care Rapid Improvement Workshop on Narcotic Refills will be April 22-26 with Report Outs on Friday, 4/26. If you missed it, the Report Out video is on **iSite**.

Your Rapid Improvement Event Team,
Louisa, Delores, Zohra, Reggie, Erika, Cheryl, Dayna, Dave, Irma, Donna and Kelley



Primary Care: Standardizing Intake

Concord Health Center

Concord, CA

